

| | | | | | | | | | | | | | | | |
|---|------------------------|---|--|--------------------|------------------------|-------------|---------------|----------------------|-------------|---------------|--------------|----------|------|---------------------|---------------|
| <p><i>Effective on 12/06/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4418).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> | | <p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/584,445-Conf. #4148</td> </tr> <tr> <td>Filing Date</td> <td>June 22, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Elie LEVERD</td> </tr> <tr> <td>Examiner Name</td> <td>T. P. Thomas</td> </tr> <tr> <td>Art Unit</td> <td>1614</td> </tr> <tr> <td>Attorney Docket No.</td> <td>3493-0170PUS1</td> </tr> </table> | | Application Number | 10/584,445-Conf. #4148 | Filing Date | June 22, 2006 | First Named Inventor | Elie LEVERD | Examiner Name | T. P. Thomas | Art Unit | 1614 | Attorney Docket No. | 3493-0170PUS1 |
| Application Number | 10/584,445-Conf. #4148 | | | | | | | | | | | | | | |
| Filing Date | June 22, 2006 | | | | | | | | | | | | | | |
| First Named Inventor | Elie LEVERD | | | | | | | | | | | | | | |
| Examiner Name | T. P. Thomas | | | | | | | | | | | | | | |
| Art Unit | 1614 | | | | | | | | | | | | | | |
| Attorney Docket No. | 3493-0170PUS1 | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | | (\$ 120.00) | | | | | | | | | | | | | |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| | | | | | | | |
|---|-----------------|-------------------------|-----------------|---|------------------|----------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | Small Entity | | Small Entity | | Small Entity | |
| <u>Application Type</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | _____ |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | _____ |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | _____ |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | _____ |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | _____ |
| | | | | | | | <u>Small Entity</u> |
| | | | | | | | <u>Fee (\$)</u> |
| | | | | | | | <u>Fee (\$)</u> |
| Each claim over 20 (including Reissues) | | | | | | | 50 25 |
| Each independent claim over 3 (including Reissues) | | | | | | | 210 105 |
| Multiple dependent claims | | | | | | | 370 185 |
| <u>Total Claims</u> | | <u>Extra Claims</u> | | <u>Fee (\$)</u> | | <u>Fee Paid (\$)</u> | |
| HP = highest number of total claims paid for, if greater than 20. | | _____ x _____ = _____ | | _____ = _____ | | _____ | |
| <u>Indep. Claims</u> | | <u>Extra Claims</u> | | <u>Fee (\$)</u> | | <u>Fee Paid (\$)</u> | |
| HP = highest number of independent claims paid for, if greater than 3. | | _____ x _____ = _____ | | _____ = _____ | | _____ | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| <u>Fee Description</u> | | | | | | | <u>Small Entity</u> |
| | | | | | | | <u>Fee (\$)</u> |
| | | | | | | | <u>Fee (\$)</u> |
| | | | | | | | <u>Fee Paid (\$)</u> |
| | | | | | | | <u>Fee Paid (\$)</u> |
| | | | | | | | <u>Fee Paid (\$)</u> |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| <u>Total Sheets</u> | | <u>Extra Sheets</u> | | <u>Number of each additional 50 or fraction thereof</u> | | <u>Fee (\$)</u> | |
| _____ - 100 = _____ | | _____ / 50 = _____ | | (round up to a whole number) x _____ | | _____ = _____ | |
| | | | | | | | <u>Fee Paid (\$)</u> |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | <u>Fee Paid (\$)</u> |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | | | | | | | 120.00 |
| SUBMITTED BY | | | | | | | |
| Signature | | Registration No. 32,868 | | Telephone (703) 205-8000 | | | |
| Name (Print/Type) <u>Andrew D. Meikle</u> | | (Attorney/Agent) | | Date | | January 28, 2008 | |